

CITY OF LONG BEACH
WORKSHEET FOR CERTIFICATE OF SELF-INSURANCE
Please complete this form for submission to Risk Management



With respect to:

(Agreement Title/Program _____
and Subject/Location) _____

Term of Agreement/Program From: ____ / ____ /99 To: ____ / ____ / ____

Name of City of Long Beach Program Coordinator _____ Phone _____

**Between the City of Long Beach and the proposed
Certificate Holder:**

(Name and Location) _____

Name of Contact Person _____ Phone _____

Type of Coverage:

***REQUIRED: ATTACH A COPY OF THE INSURANCE REQUIREMENTS OF THE
PARTY REQUESTING THE CERTIFICATE OF INSURANCE FROM THE CITY.**

- | | |
|--|--|
| <input type="checkbox"/> Commercial general liability | Amount required: _____ |
| <input type="checkbox"/> Commercial automobile liability | Amount required: _____ |
| <input type="checkbox"/> All Risk property (buildings) | Amount required (if applicable): _____ |
| <input type="checkbox"/> All Risk property (personal property) | Amount required (if applicable): _____ |
| <input type="checkbox"/> Worker's compensation | Amount required: Statutory |
| <input type="checkbox"/> Employers' liability | Amount required: _____ |
| <input type="checkbox"/> Professional liability | Amount required: _____ |
| <input type="checkbox"/> Other: _____ | Amount required: _____ |
| <input type="checkbox"/> Other: _____ | Amount required: _____ |

Additional insured (if applicable):

Name _____

Address _____

Relationship to City (E.g., lessor, contractor, principal, etc. If in doubt, please attach the first couple of pages of the Agreement or any other documentation describing the relationship between the City and the Additional Insured): _____

**For Further Information, or Issuance of a Certificate of Self-Insurance,
Contact Risk Management.**